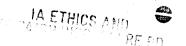
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319





FOR INSTRUCTIONS, SEE BACK OF FORM

	Fax: 515-281-4073	DISCLOSURE	SUMMARY PAGE		2008 JUL 21 AM 10: 48			
	COMMITTEE NAME (Must be same as on Statement of Organization)				70			
	Ring 5 old Courty Democratic Party IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ball of Issue				FORM DR-2 (Rev. 07/2007) For Office Use Only All a 2			
	CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)		Comm. # TO			
	Office Sought		District (if Senate or House)		Computer			
\geq	Late reports are subject to possib		suant to lowa Code sections 68B.32A					
	<u>·</u>	ort date)	REPORT FOR (1) ELECTION /		ELECTION YEAR.			
L	CHECK IF AMENDMENT TO	REPORT DATED		ocal Com	mittees, enter Date of Election			
	Check if this is final (terminat (You must continue to	ion) report and attach Notice of file reports until a DR-3 is filed.)	10	hich Elec	- 4- 2008 cocal Committees, enter County in tion is held Singsold			
_	STATEME	NT OF CASH ON HAND	,					
C		ng of the reporting period. (Tota nt MUST be the same as the ca riod or must be zero if this is firs	l of all funds held by the sh on hand at the end t report filed.)	\$	429.40			
	Schedule A: Cash Cor	tributions total (Attach Schedule	e A) (*also see in-kind below)		ak.00			
	Schedule F: Loans Re	ceived total (Attach Schedule F)					
	Schedule H: Total Sale	es of Campaign Property (Attach	Schedule H)	•••••				
	(Schedule H a	pplies to Candidates' Commi	ttees Only)		1/05 110			
			SUB-TOTAL	\$	455.40			
		ONEY SPENT THIS PERIOD						
			'also see debts and loans below)					
	Schedule F: Loan Rep	ayments total (Attach Schedule	F)					
CA	ASH ON HAND at the end of th	is reporting period (if final repor	t balance must be zero)	\$	455,40			
**[JNPAID BILLS (From Schedul	e D - Attach Schedule D)		\$	66.20			
*IN	KIND CONTRIBUTIONS (Fro	m Schedule E - Attach Schedul	e E)	\$				
			F)	-				
	NSULTANT BREAKDOWN (•	YESNO			
<u>CA</u>	NDIDATE COMMITTEES ON	<u>-Y:</u>						
VA	LUE OF CAMPAIGN PROPE	RTY (From Schedule H - Attach	Schedule H)	\$				
ST	ATE COMMITTEES: Submit a	reconciled campaign account t	pank statement in January of each y					

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(1107.07700)	NECEIF 13
COMMITTEE NAME (Must be same as on Statement of Organization) Ringoold County Democratic Party		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	L DAO ID AILINADED				_
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	ID#				INCOME
5-10-08	CK#	Misc Donations - Cash in Can (meet the Candidates)	NONE	\$2600	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#		· · · · · · · · · · · · · · · · · · ·		
	CK#				
-	ID#				
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	ID#		-		
	CK#				
19	ID#				
	CK#				
	ID#				
	CK#		;		
	ID#				
	CK#				
			SUB-TOTAL		
				\$	
		TOTAL (if last page of	of this schedule)	9/00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

SCHEDULE

(Pay 07/02)

MONETARY

Reset Form

FOR INSTRUCTI	UNS, SEE BACK OF FORM		SCHEDUL	E
COMMITTEE	D	INCURRED		
Ringsol		8) INDEBTEDNESS		
NOTE: Debts p	IF.	CHECK THIS BOX IF AMENDING FORM		
(DO NOT IN	LIGATIONS REMAINING THIS REPORTING PERIO CLUDE LOANS SHOW LOANS ON SCHEDULE	DD F)	goods or se received, be end of the r	d debt" is a debt for ervices ordered or ut not paid for by the reporting period., of whether an invoice secived.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED O PURCHASED	, –	ALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/01/08	My Ayr Record Nuns po Box 346 Mount Ayr, IA 50854	6" Ad	\$	23.10
05/08/08	My Ayr Record News Po Box 3UL My Ayr, IA 50854	6" Ad		g3.10
7/10/08	Ringgold County Fair Board 10 Amanda Waske, Jecretary 1549 2504 Ave Tingley, IA 50863	CoFair Booth Re	ent	20.00
:			-	
	TOTAL \$			
	ERIOD \$	66.do		
*If actual figure is	unknown, show "estimated" beside the figure.		Page	of (for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.